Instructions:

Dear Expert, there are 16 full-spectrum KT theories, models and frameworks to review in column A. A brief description of each KT theory, model, framework is provided through a comment box (red triangle in corner of the cell) and a link to the paper, if available, in column B.

For each full-spectrum Knowledge Translation (KT) theory, model or framework please review each criteria in sheet #1 columns C to G and rate as yes, partially yes, or no using the drop box menu.

In sheet #1, based on your responses to columns C to G, please determine if that KT theory, model or framework is suitable for the dissemination and implementation of HTR outputs (increase use, decrease use or exit of the technology) and indicate your response as yes, partially yes, or no using the drop box menu in column H.

In sheet #1, column I, please feel free to provide any comments.

Please feel free to respond to questions in rows #18 and #19.

Please save your file and return it via email to rosmin.esmail@ucalgary.ca

Definitions:

Knowledge Translation (KT): a dynamic and iterative process that includes the synthesis, dissemination, exchange and ethically-sound application of knowledge to improve the health of Canadians, provide more effective health services and products, and strengthen the healthcare system (CIHR, 2017)

Health Technology Reassessment (HTR): is a structured, evidence-based assessment of the clinical, social, ethical, and economic effects of a technology currently in use to inform its optimal use in comparison to its alternatives (Noseworthy and Clement, 2012)

Full-Spectrum: A full-spectrum KT theory, model or framework is one that that has been used in the literature by study authors to inform their KT work and guide all four KT phases: i) planning/design (identifies a knowledge gap, engages stakeholders, develops an intervention), ii) implementation, iii) evaluation, and iv) sustainability/scalability (Strifler et al, 2018)

Supplemental material

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Name of Full-Spectrum Knowledge Translation (KT) Theory, Model, Framework	Link to Published KT Theory, Model, Framework (if available)	Familiarity-Are you familiar with the KT, theory, model or framework?	Logical Consistency/Plausibility-Does the KT theory, model or framework, include meaningful, face-valid explanations of proposed relationships?	Degree of specificity-Does the KT theory, model, or framework include constructs that are comprehensive of implementation determinants or specific to a set of implementation determinants that could be applied to health technology reassessment (HTR)?	Accessibility-Would non-experts be able to understand, apply and operationalize the KT theory, model, or framework to HTR?	Ease of use-Can the KT theory, model, or framework be used easily?	HTR Suitability-Based on your responses to the previous criteria, is the KT theory, model, framework suitable for the dissemination and implementation of HTR outputs (increase use, decrease use or exit of the technology)?	Comments
Consolidated Framework for Implementation Research (CFIR) (Damschroder, 2009)	https://www.ncbi.nlm.nih.gov/pubmed/19664226							
Stages of Research Evaluation (Nutbeam, 2005)	Book-no link available							
Knowledge-to-Action (KTA) (Graham, 2006)	https://onlinelibrary.wiley.com/doi/abs/10.1002/chp.47							
Quality Implementation Framework (Meyers, 2012)-link to abstract only	https://www.ncbi.nlm.nih.gov/pubmed/22648843							
Western Australia (WA) Health Network Policy Development and Implementation Cycle (Briess 2012)	https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-12-394							
Collaborative Model for Achieving Breakthrough Improvement (Institute for Healthcare Improvement, 2003)	http://www.ihi.org/resources/Pages/IHIWhitePapers/TheBreakthroughSeriesIHIsCollaborativeModelforAchievingBreakthroughImprovement.aspx							
Diffusion of Innovations (Rogers, 3rd Edition, 1983)	https://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=PMkhU1HdGWdSMQIAOFsbBegQAhAC&url=https%3A%2F%2Fteddykbw2.files.wordpress.com%2F2012%2F07%2Feverett-m-rogers-diffusion-of-innovations.pdf&usg=AOvVaw3NY90CAIIBCecjqWbcf							
Healthcare Improvement Collaborative Model (Edward, 2017)	https://academic.oup.com/intqhc/article/29/5/740/4182140							
Co-KT framework (Kitson, 2013)	https://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-8-54							
Plan-Do-Study-Act (PDSA) Cycles (Deming, 1986)	https://deming.org/explore/p-d-s-a							
A Staged Model of Innovation Development and Diffusion of Health Promotion Programs (Oldenburg, 1996)-link to abstract only	https://search.informit.com.au/documentSummary;dn=461377695528445;res=IELAPA							
Evidence-Driven Community Health Improvement Process (EDCHP) (Layde, 2012)	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3489378/							
Reach Effectiveness Adoption Implementation Maintenance (RE-AIM) (Glasgow, 1999)	https://www.ncbi.nlm.nih.gov/pubmed/10474547							
CollaboraKTion framework (Jenkins, 2016)	https://www.ncbi.nlm.nih.gov/pubmed/27578155							
KT framework for Agency for Healthcare Research and Quality (AHRQ) patient safety portfolio and grantees (Nieva, 2005)	https://www.ncbi.nlm.nih.gov/books/NBK20521/							
Design Focused Implementation Model (Ramaswamy, 2018)	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5776695/							
Please feel free to identify any other full-spectrum KT theories, models, or frameworks that have been missed and could be used for HTR								
Please feel free to identify names of KT or HTR experts that could be contacted for this study								